

2050

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS		ARIZONA STATE BOARD OF HEALTH		STANDARD CERTIFICATE OF DEATH	
1. PLACE OF BIRTH		County <u>Yavapai</u>		State <u>Arizona</u>	
District or Township <u>8th, dist.</u>		City <u>Camp Verde.</u>		Local Registrar's No. <u>330</u>	
2. FULL NAME <u>Ted Beauty</u>		(If death occurred in a hospital or institution, give its NAME instead of street and number).		State File No. <u>108</u>	
(a) Residence, No. <u>Camp Verde Ind. Res.</u>		(Usual place of abode)		Ward <u>108</u>	
Length of residence in city or town where death occurred		yrs. <u>7</u> mos. <u>7</u> ds.		(If non-resident, give city or town and State)	
How long in U. S. if of foreign birth?		yrs. <u>7</u> mos. <u>7</u> ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR or RACE <u>Monave Ind. full</u>	5. SINGLE, MARRIED, WIDOW- ED or DIVORCED. (Write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day and year)					
7. AGE	Years	Months	Days	IF LESS than 1 day _____ hrs. or _____ min.	
		<u>7</u>			
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work					
(b) General nature of industry, business or establishment in which employed (or employer) <u>none</u>					
(c) Name of employer					
9. BIRTHPLACE (city or town) <u>Camp Verde Ind. Res.</u> (State or country)					
10. NAME OF FATHER <u>Fred Beauty, 1.</u> Census No. <u>1</u>					
11. BIRTHPLACE OF FATHER <u>Camp Verde</u> (State or country) <u>Arizona</u> (city or town)					
12. MAIDEN NAME OF MOTHER <u>Edith Sine, Census</u>					
13. BIRTHPLACE OF MOTHER <u>Camp Verde</u> (State or country) <u>Arizona</u> (city or town)					
14. Informant <u>Emory Frailey</u> (Address) <u>Camp Verde, Ariz.</u>					
15. File <u>3-15</u> , 19 <u>33</u> <u>Dr B. Huff</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
16. DATE OF DEATH <u>Mar. 4</u> , 19 <u>33</u> Month Day Year					
17. I HEREBY CERTIFY, That I attended deceased from <u>Feb. 27th.</u> , 19 <u>33</u> to <u>Mar. 4</u> , 19 <u>33</u> , that I last saw him alive on <u>Feb. 27th.</u> , 19 <u>33</u> , and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows: <u>Pneumonia. Lobes.</u>					
(duration) _____ yrs. _____ mos. <u>6</u> ds.					
CONTRIBUTORY (Secondary) (duration) _____ yrs. _____ mos. _____ ds.					
18. Where was disease contracted • If not at place of death? Did an operation precede death? _____ Date of _____ Was there an autopsy? _____ What test confirmed diagnosis? _____ (Signed) <u>B. Huff</u> , M. D. 19 (Address)					
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)					
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Clarkdale, Ariz.</u>				DATE OF BURIAL <u>Mar. 5th.</u>	
20. UNDERTAKER <u>None.</u>				ADDRESS	